



Chestnut Centre
410 West Chestnut Street, Suite 628
Louisville, KY 40202-2324
Phone: 502 574-6869
Fax: 502 581-9832
www.rjlouisville.org

Referral Form

Please send all referrals to Libby Mills c/o Restorative Justice Louisville

Date of Request: 3/28/12 Case Number: 00241167-001
Referring Agency: Jefferson County Juvenile Court Restitution Amount: Unknown at this time
Person Referring: N/A Diversion ☒ Probation ☐
Phone Number: N/A Next Court Date: N/A

Please include any of the applicable items: citation, victim statement, statement of loss, teacher statement, petition or any other pertinent information

Victim Information (use additional forms for multiple victims)

Name: Iliyah Mask
Address: 2402 West Madison, Louisville, KY 40210
Home Number: _____ Cell Number: 813-1256 Email Address: _____
Male ☐ Female ☒ Date of Birth: 11 years old
If under age eighteen (18), parent/guardian name and address: Ilicia Holland at same address as above

Offender Information (use separate form for each offender)

Name: Lakeisha Butler
Address: 2344 West Chestnut Street, Louisville, KY 40211
Home Number: _____ Cell Number: 224-684 Email Address: _____
Male ☐ Female ☒ Date of Birth: 5/19/1999
If under age eighteen (18), parent/guardian name and address: Theodore Butler at same address as above

Date of Offense: 8/15/11 Was a citation issued? Yes ☐ No ☒ Officer: _____

Summary of offense and nature of damages: *(attach a copy of the petition and, if appropriate, the citation.)*

Terroristic Threatening, 3rd & Harassment No Physical Contact – On 8/15/2011, affiant stated that subject has continued to threaten and harass her daughter Iliyah Mask age 11. Subject has threatened to beat up Iliyah. Subject waits for Iliyah to get off the bus daily and will chase her home calling her names and cussing at her.